

Medicare Managed Care Manual
Chapter 2 - Medicare Advantage Enrollment and Disenrollment
Summary of Updates - August 2010

Chapter Section	Update
Throughout Document	<ol style="list-style-type: none"> 1. General typos/edits, syntax, verb tense changes, etc. 2. Changed section references where appropriate due to new or changed section numbers 3. Added references to new model correspondence where appropriate 4. Revised text, where necessary, to clarify requirements for enrollments between PBPs offered by the same parent organization 5. Removed references to the Open Enrollment Period (OEP) and replaced, where appropriate, with description of the new Medicare Advantage Disenrollment Period (MADP) 6. Where the Annual Election Period (AEP) is referenced, revised text to include new dates effective in 2011 for CY 2012 7. Removed references to the Transaction Reply Report (TRR) being either monthly or weekly 8. Removed references to the Part D Payment Demonstration
TOC	<ol style="list-style-type: none"> 1. Changed to reflect changes to section numbers as well as section deletions and additions 2. Changed to reflect correct page numbers
10	<ol style="list-style-type: none"> 1. Removed crosswalk/rollover instructions from definition of "Application Date" 2. Added definition of "Effective Date of Coverage/Enrollment," "Incarceration," and "Late Enrollment Penalty" 3. Revised definition of "Cancellation of Enrollment Request" 4. Clarified the definition of "Election Period" 5. Revised definition of "Full Benefit Dual Eligible Individual"
20.2.2	Added exception for individuals who develop ESRD while enrolled in an employer's self-funded health plan
20.3	Modified language regarding incarceration to apply to all MA plans instead of just MA-PD plans
20.4.1	Additional information regarding employer/union sponsored group health plans can be found in Chapter 9 of this manual.
20.4.2	Clarified that passive enrollment determined, initiated, and enacted by CMS
20.11	1. Clarified use of SSN on SNP enrollment form

	2. Clarified that C-SNPs must retain members for whom verification of the qualifying condition is obtained at any point during the second month of enrollment
30	Clarified status of new Medicare Advantage Disenrollment period in hierarchy of enrollment periods
30.1	Clarified new dates for the AEP effective in 2011 for CY 2012
30.2.1	Added further example to clarify use and application of IEP for Part D
30.3	Removed old §§30.3 and 30.3.1 and changed old §30.3.2 to new §30.3
30.4	Added new question to chart listing example questions to ask when determining election period
30.4.3	Removed November 1 and December 1 as possible enrollment effective dates
30.4.4 #3	Removed November 1 as possible enrollment effective date
30.4.4 #8	Clarified that SEP can also be used if the notice of Medicare entitlement is not received by the beneficiary in a timely manner
30.5	NEW! Added section describing Medicare Advantage Disenrollment Period (MADP)
30.6 - 30.9	Renumbered sections to accommodate new section 30.5
30.6	Clarified enrollment effective date determination for beneficiaries eligible for more than one election period
30.9 & 30.9.1	Clarified that plan closures are now only applicable to OEPI enrollment requests
40	Clarified that enrollment requests can use the short enrollment form when the beneficiary is transferring within the same parent organization and to a plan of the same type (e.g., PPO to PPO)
40.1.1	Clarified that plan premium is not required on the enrollment mechanism unless it is part of plan name
40.1.3	1. Clarified that inbound call for telephonic enrollment must be by beneficiary or beneficiary's rep without presence of a plan representative of any sort 2. Added requirement for tracking mechanism (telephonic enrollment) 3. Clarified that scripts for plan-to-plan enrollments may be based on model short enrollment form
40.1.5	1. Clarified that auto & facilitated enrollment do not apply to employer sponsored MA plans. 2. Clarified that the demonstration entity is Limited Income NET 3. In subsection B, item #2, indicated high-deductible MA-PD plans as sole exception to process 4. In subsection C, item #3, added detailed instructions for using the monthly membership report to distinguish full benefit dual-eligible members as well as other LIS individuals 5. Added clarification to sub-section E as to what to do when a 71 transaction has not already been submitted

	6. In subsection H, added further information for using the monthly membership report
40.1.6.1	Revised text to emphasize responsibilities of <u>employer /union</u> and MAO for use of group enrollment mechanism.
40.1.7	Revised text to emphasize responsibilities of MAO when enrollments are received from SPAPs
40.1.8	Added new section regarding processing reassignment of LIS beneficiaries
40.2	Clarified that MAO should contact beneficiary only when missing but required information cannot be obtained from CMS systems
40.2 G	Clarified that MAO representative must clearly indicate, rather than sign, his/her name on enrollment form under certain circumstances
40.2 K	Added exception for dual-eligible and LIS individuals
40.2 M	Added Railroad Retirement Board (RRB) as premium withhold option
40.2.2	1. Clarified when enrollment request should be considered incomplete 2. Clarified time frame for receipt of missing but required information including adding new examples
40.2.3	Clarified an organization's responsibilities when denying enrollment requests for lack of required information
40.2.5	Clarified requirement for provision of benefits when TRC 127 received
40.3	Clarified impact of CMS "down days" in calculation of enrollment transmission timeliness requirement
40.4	Clarified that MAOs may issue notifications based on receipt of Batch Completion Summary Status (BCSS) file
40.5	Removed reference to Chapter 1 of Medicare Managed Care Manual
50.2	Expanded incarceration policy to include MA-only plans
50.2.1.3	Clarified requirement in light of receipt of TRCs 011 and 016
50.2.1.5	1. Clarified notice and transaction submission requirements for disenrollments due to moves out of service area 2. Organizations are encouraged to follow up with members and to issue interim notices prior to the expiration of the 6 month period 3. Clarified that the timeframe for transmission to CMS of the transaction for the involuntary disenrollment is three (3) days
50.2.3	Clarified MAO responsibility when date of death post-dates the effective date of enrollment
50.2.5	1. Added that MAOs are encouraged to follow up with members during period of deemed continued

	eligibility 2. Added guidance for transition of non-special needs enrollees in SNPs beyond 1/1/10 3. Clarified SNP responsibilities when notifications regarding disenrollment for loss of special needs status are not sent timely
50.3.1	Clarified notification requirements based on new minimum required grace period for premium payments
50.3.2	Clarified content of notice to disruptive beneficiary
50.4.2	Clarified time frame for receipt of missing but required information
60.2.1	1. Added guidance for enrollment cancellations received after enrollment effective date as a result of outbound enrollment verification 2. Added footnote regarding proposed cancellation transaction
60.3	1. Clarified that a reinstatement request does not require an election period 2. Clarified MAO's responsibilities in the case of reinstatement as a consequence of plan error
60.3.2	1. Removed requirement that request for reinstatement be in writing; added that MAOs must accept and document verbal request for reinstatement 2. Clarified MAO requirements/responsibilities for processing the reinstatement
60.4	Clarified organization responsibility when retroactive request is the result of plan error
60.5	Clarified organization responsibility when retroactive request is the result of plan error
Appendix 1	1. Added reference to new Exhibit 11a 2. Clarified timeframe for notification due to loss of SNP status
Appendix 2	Clarified that plan premium is not required on the enrollment mechanism unless it is part of plan name
Exhibit 1	Added new language for LEP on MA-PD plans
Exhibit 1a	Added a selectable option to account for plan closures
Exhibit 5	Added a selectable option to account for SEP eligibility
Exhibit 6d	New Exhibit!: Model Notice to Confirm Enrollment (MA-only)
Exhibit 11	1. Minor revision to text to allow for insertion of same date into "effective date" fields 2. Clarifying language added to advise beneficiary of possible auto-enrollment
Exhibit 11a	New Exhibit!: Model Notice to Request Information (Disenrollment)
Exhibit 12	Added clarification of timeframe for correcting an erroneous disenrollment
Exhibit 12a	Included additional reason for denial of disenrollment request
Exhibit 17	Revised to remove mention of written request for reinstatement

Exhibit 18	Revised to remove mention of written request for reinstatement
Exhibit 25	Clarified enrollee's responsibility when cancelling enrollment
Exhibit 27	Added language advising beneficiary of what to do if paid for drugs prior to start of coverage
Exhibit 28a	Added language advising beneficiary of what to do if paid for drugs prior to start of coverage
Exhibit 32	Added Q & A format to enhance beneficiary understanding of the notification
Exhibit 33	1. Added language informing beneficiary of consequences of failure to respond to letter 2. Added Q & A format to enhance beneficiary understanding of the notification